Commonwealth of Massachusetts
Group Insurance Commission

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Group Insurance Commission
P.O. Box 8747, Boston, MA 02114

Application For Insurance Coverage For Retired Municipal Teachers

(Application is subject to eligibility review by the GIC.)

A. APPLICANT INFORMATION

Name _____
Last First Middle Initial

Soc Sec # _____-_____-_____ Sex M ____ F ____ Date of Birth _____/_____/_____

Address _____
Number and Street City/Town State Zip

School System Retiring From _____ Planned Date of Retirement ___/____/___

B. BASIC LIFE AND HEALTH INSURANCE COVERAGE *Please Read Carefully*

You must include a Beneficiary Form with this application (Form 319 - one to three beneficiaries; Form G-500 - four or more beneficiaries or special designations, such as estate and trusts).

Type of Coverage Desired - *Please check #1 or #2*

1. _____ Life Insurance Only. The amount of coverage has been determined by your city/town/school district. If you choose life insurance only, you will be ineligible to apply for health coverage until the next GIC annual enrollment.

2. _____ Life and Health Insurance - *Choose a, b or c **and** indicate type of coverage*

   a) _____ Commonwealth Indemnity Plan with CIC *(comprehensive)*
   b) _____ Commonwealth Indemnity Plan without CIC *(non-comprehensive)*
   c) _____ HMO. Name of HMO carrier _____

   Type of coverage _____ Individual _____ Family

If you are requesting family coverage, the GIC requires a CERTIFIED MARRIAGE CERTIFICATE for your spouse and CERTIFIED BIRTH CERTIFICATES for any other dependents that are to be covered.

C. MEDICARE ELIGIBILITY - COMPLETE THIS SECTION FOR YOU AND/OR YOUR SPOUSE IF ELIGIBLE FOR MEDICARE PART A AND PART B

Please complete #1 and #2. If you have a spouse, also complete #3 and #4.

1. _____ Yes _____ No I am/will be eligible for premium-free Medicare Part A coverage.
   If yes, effective date of coverage: _____/_____/_____

2. _____ Yes _____No I am/will be eligible for Medicare Part B coverage.
   If yes, effective date of coverage: _____/_____/_____

3. Is your spouse eligible for premium-free Medicare Part A coverage?
   _____ Yes _____ No If yes, effective date of coverage: _____/_____/_____

4. Is your spouse eligible for Medicare Part B coverage?
   _____ Yes _____ No If yes, effective date of coverage: _____/_____/_____

D. FAMILY INFORMATION - *Complete if choosing family coverage.*

1. **Spouse** - *if covered*

Name _____
Last First Middle Initial

Soc Sec # _____-_____-_____ Date of Birth _____/_____/_____

Does your spouse have health insurance coverage _____ Yes _____ No
If yes, Name of Company _____
Address of Company _____
Certificate Number _____

2. **Dependent Children** - *if covered.* Coverage for children ends at age 19 unless they are enrolled as full-time students or handicapped dependents whose applications have been approved by the GIC. Married children are not covered.

Name	Date of Birth	Sex	Social Security #
_____	_____/_____/_____	_____	_____-_____ - _____
_____	_____/_____/_____	_____	_____-_____ - ____

E. DEDUCTION AUTHORIZATION

I authorize my pension authority to deduct from my pension check the amount required for the coverage that I have selected.

_____ _____
Signature Date

*NOTE: Beneficiary Designation Form **must** accompany this application.*

F. CERTIFICATION OF RETIRING TEACHER'S INSURANCE COVERAGE

To be completed by Payroll/Insurance Coordinator

I certify that (name of teacher) _____ is currently covered under our local life and/or health insurance program and will be covered until his/her retirement coverage begins (the 1st day of the 3rd month after the date of retirement), but that I will notify the Group Insurance Commission if coverage is interrupted before the retirement coverage begins.

_____ _____
Signature Date

_____
Please print name and title of position

FOR GIC USE ONLY
Retiree Case # _____ Political Subdivision _____ Agency/Div _____
Effective Date of Ret _____/_____/_____ Name of HP _____
Effective Date of Cov _____/_____/_____ Certificate # _____
Date Approved _____/_____/_____ Authorized Signature_____